

No. 2
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5-17-39
I X35927

Dr Porter

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 7652

FILED MAR 11 1944
184

Registration District No. 184

Primary Registration District No. 3038

Registrar's No. 300

58
1
2
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County Linn

(b) City or town Brookfield
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution 607 N/Monroe
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether _____)

In this community 34 years
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Linn

(c) City or town Brookfield
(If outside city or town limits, write "RURAL")

(d) Street No. 607 N/Monroe
(If rural, give location)

(e) Citizen of foreign country? No. (Yes or No)

If yes, name country _____

3. (a) PRINT FULL NAME GEORGE EDWARD ALDERTON

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 28
year 1944 hour 5 minute 15 A.M.

21. I hereby certify that I attended the deceased from Jan 18
1943, to Feb 28 1944
and that I last saw him alive on Feb. 26 1944
and that death occurred on the date and hour stated above.

4. Sex M 5. Color or race W

6. (a) Single, widowed, married, divorced Married

6. (c) Age of husband or wife if alive 68 years

7. Birth date of deceased Jan 15 1872
(Month) (Day) (Year)

Immediate cause of death Carcinoma of Linn Duration 2 mo.

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death) H6

8. AGE: Years 72 Months 1 Days 13
If less than one day _____ hr. _____ min.

9. Birthplace Lewis County Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation Retired R.R. Flagman

11. Industry or business _____

MOTHER FATHER { 12. Name James W. Alderton

13. Birthplace Virginia
(City, town, or county) (State or foreign country)

14. Maiden name Margaret J. Tubey

15. Birthplace unknown
(City, town, or county) (State or foreign country)

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

Major findings: _____

Of operations _____

Of autopsy _____

16. (a) Informant Mrs Lena Alderton

(b) Address Brookfield Mo

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

(c) Where did injury occur? _____
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____ (Specify type of place)

(e) Means of injury 9

17. (a) Burial (b) Date thereof 3-1-1944
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Bessell Cemetery Brookfield

18. (a) Signature of funeral director Hill Chapel

(b) Address Brookfield

19. (a) 2-29-1944 (b) H. W. Cannon
(Date received local registrar) (Registrar's signature)

23. Signature H. W. Porter (M. D. or other) 200

Address Brookfield Mo Date signed 2-28-44

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(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....
working under my personal supervision.

Signed J. H. Blacklock

Licensed Embalmer No. 2246

P. O. Address Brookfield Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.